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On 'Traders, missionaries and nurses and much more'...

Some comments

Fenneke Reysoo

This historical sketch of the start of medical anthropology in The Netherlands is not only presented in a chronological order but also against the background of the specificities of the mental and cultural traits of Dutch scholars. Her outstanding knowledge of other Western scholarly traditions in medical anthropology proved to be very profitable for her to understand the particularities of the historical trajectory of this area of knowledge in The Netherlands and the former Dutch East Indies.

It is indeed refreshing to read an outsider's view on the history of a field of knowledge and practice that is so much our own. Especially in the end of her article when Diasio tries to explain certain characteristics of Dutch medical anthropology (dialogue, open to other disciplines, pluralism without overt conflicts, acceptance of differences) while linking it to the pillarisation of Dutch society as a whole sounds familiar. The same goes for the passages when she puts to the fore the propensity of Dutch medical anthropological scholars for involvement, their concern for moral implications of knowledge and praxis and their affinity with the emancipatory tradition in social sciences. These characteristics are seen from her outsider's perspective and qualified as Dutch national features. For her it explains the specificity of the history and epistemology of present-day medical anthropology.

As an insider, I am objectified and able to recognise the processes she describes. However, in order to assess the originality of her discoveries, I cannot help feeling that some important information is missing. The lesser degree of conflict in The Netherlands is rapidly compared to the degree of conflict in France or Britain, it comes as a surprise to her that 'applied anthropology' never has become a distinct discipline in The Netherlands, the Dutch option for a pragmatism of lesser aims is worthwhile mentioning. Although I don't doubt the validity of these statements (or discoveries), because they sound so familiar, the Dutch specificity would have come fully to the fore if the other side of the mirror had been presented. In other words, Diasio disposes of much implicit knowledge of the French, British and Italian traditions, which she uses as a demarcation line to seize and analyse the Dutch tradition. We are thoroughly informed on the historical and epistemological developments of and within medical anthropology as practiced in The Netherlands and in the colonies, but the discoveries

do not come as a surprise to me as an insider. An unanswered question remains: “What is Dutch about medical anthropology in The Netherlands?”

A more explicit positioning of the author in relation to a Dutch socialised audience would have obliged her to think of how to represent the taken-for-granted as not a mere evidence. Her concluding sentence “anthropology of disease and misfortune – before its time – [...]”, shows that she has been looking at the history of Dutch medical anthropology from – at least – a French perspective. This brings us back to the discussion “what is normal, and what is specific” or in paraphrasing her words “what is timely, and what is before its time” in terms of understanding, explaining and curing diseases? By making explicit her point(s) of reference the pertinence of the metaphor of traders, missionaries and nurses would have been clear from the start.

Note

Fenneke Reysoo is an anthropologist working at the Department of Research Methodology at Nijmegen University and at the Graduate Institute of Development Studies in Geneva. She conducts research in the field of reproductive and sexual health and rights, especially on the social construction of sexuality and masculinity and the meaning of related notions such as gender identity, virginity, marriage, unmarried mothers, contraception, dating and love (Morocco, Mexico). Part of this comment is related to the methodological issue of the representation of the other.